

Application Data Sheet**Application Information**

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| Application number:: | To Be Assigned |
| Filing Date:: | 04/20/2005 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | ANTI-INFECTIVE BIARYL COMPOUNDS |
| Attorney Docket Number:: | 020891-001520US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | No |
| Total Drawing Sheets:: | 18 |
| Small Entity?:: | No |
| Petition included?:: | No |

Applicant Information

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|---|-----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | GB |
| Status:: | Full Capacity |
| Given Name:: | <u>Peter</u> |
| Family Name:: | <u>JONES</u> |
| City of Residence:: | <u>Bridgnorth</u> GBX |
| State or Province of Residence:: | Shropshire |
| Country of Residence:: | United Kingdom |
| Street of Mailing Address:: | 15 The Hobbins |
| City of Mailing Address:: | Bridgnorth |
| State or Province of mailing address:: | Shropshire |
| Country of mailing address:: | United Kingdom |
| Postal or Zip Code of mailing address:: | WV15 5HH |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CH
Status:: Full Capacity
2 - ∞ Given Name:: Roland
Middle Name:: W.
Family Name:: BURLI
City of Residence:: San Francisco CA
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3700 20th Street, Apt. 11
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94110

3 - ∞ Applicant Authority Type:: Inventor
Primary Citizenship Country:: CN
Status:: Full Capacity
Given Name:: Chun
Family Name:: JIANG
City of Residence:: Los Altos CA
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 77 Loucks Avenue
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
4- 00 Given Name:: Dustin
Middle Name:: L.
Family Name:: MCMINN
City of Residence:: Pacifica CA
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1065 Grand Teton Drive
City of Mailing Address:: Pacifica
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

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|------------------|--|---------------------------------|--------------------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of Claims Benefit of | PCT/US2003/033617 60/421,438 | October 24, 2003 October 25, 2002 |

Assignee Information

Assignee Name:: Genesoft Pharmaceuticals, Inc.
Street of mailing address:: Bay Colony Corporate Center
1000 Winter Street, Suite 2200
City of mailing address:: Waltham
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02451